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ABSTRACT

This workbook was developed to help adult literacy students learn about health insurance. It contains information sheets, student worksheets, and answers to the worksheets. The information sheets are coordinated with an available audiotape. Some of the topics covered in the workbook are the following: understanding health insurance choices; understanding if coverage is enough; knowing personal rights and responsibilities and the insurance company's rights and responsibilities; knowing how to file a claim; and insurance vocabulary. Two handout sections provide information on resources and Health Maintenance Organizations (HMOs) in New York State; a glossary lists 26 terms that are underlined in the workbook. (KC)

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ED 368 953

HEALTH PROMOTION FOR ADULT LITERACY STUDENTS

An Empowering Approach

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IC 066301

Health Insurance: The Facts You Need

STUDENT WORKBOOK

The University of the State of New York • The State Education Department
Bureau of Continuing Education Program Development • Albany, New York 12230

Important

What you are about to learn should **not** be used in place of attention from a health professional or other expert.

This workbook and tape contain the most current information available. The New York State Education Department, the Hudson River Center for Program Development, Inc., and the authors do not assume responsibility for the correctness or completeness of the information.

If you have any questions, talk to your teacher or get more information from someone who works in the health field.

Please start the tape now.

Health Insurance: The Facts You Need

This workbook is to help you learn about health insurance, so you'll know more about different kinds of health care plans. You and your teacher can decide the best way for you to learn this: either working on your own with the cassette, or learning from your teacher with the rest of the class.

If working on your own with the cassette is best for you, the first step is to talk to your teacher about when it's available. When you have the tape and are ready to begin, find a well-lit room, a comfortable chair, and a steady writing surface.

I'll be saying exactly what is on the pages of your workbook so that you can read along with me. If you would like to listen to a certain section again, or need to think for a minute, feel free to stop the tape at any time. In the workbook, you will see certain words underlined. These are words that are explained in the glossary. If you are still unsure about what the word means, ask your teacher to help you.

You will hear a "BEEP" after I give you instructions. Stop the tape after the beep, so that you can work on the exercises. Don't be nervous about them. They will help you remember what you have learned. If you have trouble with the answers, you can either review the section again by yourself, or ask your teacher for help. You should also talk with your teacher about your progress. Your teacher is there to help you, even if you just need to talk with someone about health insurance.

Health insurance helps you and your family with health care bills. These days, many people don't have health insurance because it costs so much or their jobs don't offer benefits. Without health insurance, it's a lot harder to get good health care.

We may soon be seeing a great change in our country's health care and health insurance system, but for now it is good to know the basics of what exists. This workbook will teach you about health insurance, which you can buy from private insurance companies or get through government programs.

When you finish with this tape and workbook, you will be able to:

1. Understand health insurance choices;
2. Understand if your coverage is enough;
3. Know your rights and responsibilities and the insurance company's rights and responsibilities;
4. Know how to file a claim; and
5. Use insurance words.

There are many types of health insurance from both private health insurance companies and from government programs.

First we'll look at **indemnity plans**, which you can get from private insurance companies. These used to be the most common plan. The insurance company pays you or your health care provider for covered services up to a set amount. A health care provider is a person or place that gives care for your health needs. Examples of health care providers are hospitals, health professionals, or even drugstores. Most often, you will pay your health care provider and then submit a claim form to the insurance company. Then they pay you back for whatever services are covered. If your health care provider is a participating provider in the insurance company's plan, the company may pay the health care provider directly, so you don't have to wait to get your money back.

You can get indemnity plans from private insurance companies or not-for-profit companies like Blue Cross/Blue Shield. See **Appendix A** for how to get in touch with private insurance companies.

Indemnity plans from private insurance companies often have **basic benefits**, which usually pay hospital or medical bills.

- Basic hospital insurance pays hospital bills.
- Basic medical insurance pays for surgery, anesthesia services, and health professional's visits in the hospital.

Know the limits of your basic benefits. They usually limit how much money and how much time in the hospital they cover.

Major medical insurance adds more insurance to basic benefits for major illnesses or injuries. Major medical benefits usually have deductibles and co-payments (also called coinsurance). The deductible is how much money you have to pay out before the insurance company starts paying the bills. You usually only pay your deductible once a year. After you pay your deductible, the insurance company may pay only part of your medical bills. You pay the rest of the bills, which is called co-payment. Adding major medical to basic benefits makes a **comprehensive plan**.

Please stop the tape at the beep and complete ***Worksheet #1*** *on the next page to see how co-payments work.*

* * *

WORKSHEET #1

John's total hospital bill = $500. Under his insurance plan, his deductible is $100 and his co-payment is 25%. In other words, the insurance company will pay for 75% of John's bill after he pays the first $100, while John pays for 25% of his bill after he pays the first $100. First let's find out how much of the bill is left after the deductible is paid:

Total Bill: $500.00
Deductible: - $100.00 *(paid by John)*
New Balance: **$400.00**

If the insurance company pays 75% of the new balance of $400, John still owes 25% of that $400. Here's how to figure out who owes what:

INSURANCE COMPANY	JOHN
$400.00	$400.00
x .75	x .25
$300.00 total cost	**$100.00 co-payment**
	+ *$100.00 deductible*
	$200.00 total cost

A deductible is only paid once a year. Now that John has paid his deductible, the insurance company will pay 75% of all his medical bills for the rest of the year.

Maria had a baby last month. Her health professional's bills plus her hospital bills = $4000. Her deductible is $200. Maria's insurance company pays 80% of her bills after she pays the deductible, then she pays the last 20% of the bills. Use a calculator to figure out how much Maria owes.

Total Bill: _____.____
Deductible: _____.____ *(paid by Maria)*
New Balance: _____.____

INSURANCE COMPANY	MARIA
_____.____ *(New Balance)*	_____.____ *(New Balance)*
x .80	x .20
$_____.____ **total paid by the insurance company**	$_____.____ **co-payment**
	+ _____.____ *deductible*
	$_____.____ **paid by Maria**

The answers to this worksheet are in the back of this workbook

Besides basic benefits and major medical, indemnity plans often have **prescription drug coverage**. Drugs your doctor prescribes are sometimes paid for under major medical insurance, which would work the same way as we just described. Otherwise, you can buy a separate "plastic card" prescription program. With a plastic card program, you pay a set price, which is also called a co-payment, to the drugstore when a prescription is filled. The insurance company pays the drugstore for the rest.

PRESCRIPTION DRUGS

Member #006

Dental coverage usually pays for more than tooth repair. Often it will pay for most teeth cleanings and checkups. Fillings and crowns may be paid for at a lower level, which means your co-payment is more. For example, the insurance company may pay 100% of the cost of having your teeth cleaned, but only 50% of having a tooth filled. You will have to pay the other half of the bill for getting your tooth filled. Sometimes you need to get the insurance company's "O.K." before getting expensive dental work. A few plans also pay for braces, but only for a certain time and cost.

Vision coverage may pay for check-ups by an eye doctor. It may also pay part of the cost of prescription eyeglasses or contact lenses every few years.

Long-term care coverage pays for long periods of getting better such as healing time in a nursing home or at home with health aides. Remember that basic health insurance does not cover this kind of long-term care unless you specifically ask for it.

The second type of health insurance is through health maintenance organizations, or **HMOs**. Many people use HMOs because they offer a lot of health care services to their members for a set amount or co-payment. For example, an office visit may cost you $10.00, or a hospital visit may cost you $200. HMOs are different from indemnity plans because they give prepaid health care to members. Instead of being reimbursed for a service already received, members of an HMO pay ahead of time and agree to get all their health care from the HMO unless it's an emergency. When they actually visit the HMO, get prescriptions filled, or have their eyes or teeth checked, they pay only small co-payments. HMOs often push health by talking about prevention and early detection.

For a list of HMOs in New York State, please stop the tape at the beep and look at ***Appendix B.***

* * *

There are three kinds of HMOs:

The first is the **Staff Model**, where members get care from health professionals who work for the HMO and have offices at the HMO. Hospital services are usually provided by a hospital that has a contract with the HMO.

The second kind of HMO is the **Group Model**. Under this model, the HMO works with groups of health professionals who agree to care for HMO members. These health professionals often won't accept patients who aren't members of the HMO.

Finally, let's look at the **Independent Practice Association, or IPA Model**. Members of the IPA model may choose a health professional from a list put out by the HMO. Health professionals have their own offices for both HMO members and other patients. This kind of HMO is becoming popular since new members may stay with the health professionals they already have if the providers are members of the HMO. Many people like to always see the same health professional. They also may have a wider choice of primary health care providers than they would under other HMO models.

To compare the three different HMO models, stop the tape at the beep and complete ***Worksheet #2*** *on the next page.*

* * *

WORKSHEET #2

Please read the chart below, then answer the questions.

	STAFF MODEL	GROUP MODEL	IPA MODEL
LOCATION	At the HMO	At health professional's office	At health professional's office
CHOICE OF HEALTH CARE PROVIDER	Must see one of the providers on staff at the HMO	Can choose from groups of participating providers	Can choose from a list of participating individual or group providers
WILL SEE NON-HMO MEMBERS	No	No	Yes

1. Under the IPA Model, patients receive care at _____.

2. Neither the _____ nor the _____ model will see people who don't belong to the HMO.

3. The _____ model gives you the most chance of choosing the health professional you want.

4. How is the staff model different from the group model?_____

_____

_____

The answers to this worksheet are in the back of this workbook.

Both our federal and state governments have special insurance programs for senior citizens, disabled people, and some people with special conditions like AIDS. **Appendix A** tells how to get more information on all of these programs. Here are some of the programs offered in New York State:

Medicare is for people age 65 or over (or younger if disabled). This program is offered under the Federal Social Security Act, and provides hospital insurance and medical care coverage. Services like prescription drugs or long-term care are not covered. It is paid for by Social Security taxes and monthly payments from people who receive Medicare. There are deductibles which change every year and rules which you should look at closely. For example, if you have both Medicare and private insurance, you must submit a claim to Medicare first, then send the remaining bills to your private insurance company. Also, Federal law says that an actively employed person age 65 or over who can get both Medicare and other health insurance coverage from his or her employer must choose either Medicare or the employer's coverage until he or she retires. If you would like to learn more about Medicare, ask your teacher for more details or call the 800 number listed in **Appendix A**.

Medicaid is a state program which covers people who can't afford to pay for health care and who meet certain income, age, or disability requirements. In New York State, the Department of Social Services decides who can receive Medicaid. Medicaid pays for hospital, medical, and dental services including prescription drugs and long-term care. If you are covered by health insurance and Medicaid, the non-Medicaid health insurance pays for services first.

The **AIDS Health Insurance Program** is offered by New York State to people who have symptoms of HIV infection or AIDS and are losing their health insurance coverage because they can no longer work or can only work part-time. For people at certain income levels, the program will pay their health insurance bills so they can keep their coverage. Again, the Department of Social Services decides who can get these benefits.

New York State also offers the **AIDS Prescription Drug Assistance Program** to help AIDS patients pay for high-cost drugs to treat HIV infection. Applicants must live in New York State and show financial need. The New York State Department of Health decides who can receive this.

Finally, senior citizens in New York State may get part of their money back for prescription drugs under the **Elderly Pharmaceutical Insurance Coverage (or EPIC)** program. Residents who are 65 or over, meet certain income levels, and who do not receive Medicaid may join this program. They may choose one of two plans: (1) a yearly membership fee, or (2) a deductible plan. After paying the yearly fee or meeting the deductible, participants only pay a fixed dollar co-payment, which is based on how much the drug costs.

Remember, **Appendix A** tells how to get more information on all of the government programs we just discussed.

*Please stop the tape at the beep and complete **Worksheet #3** on the next page to see how the EPIC payment system works.*

* * *

WORKSHEET #3

Lydia is a senior citizen who takes many medications and subscribes to the EPIC Program. Use the chart below to figure out the total cost of all her prescriptions.

PRESCRIPTION COST	CO-PAYMENT
0.00 - $8.00	$3.00
$8.01 - $13.00	$5.00
$13.01 - $23.00	$7.00
$23.01 - $33.00	$10.00
$33.00 and over	$23.00

PRESCRIPTION COST	LYDIA'S COST
$30.00 Blood Pressure Medicine	_____
$100.00 Heart Medication	_____
_____ **Total Cost of Prescriptions**	_____ **Total Cost to Lydia**
$10.00 Arthritis Pain Reliever	_____
$15.00 Antibiotic for infection	_____
$50.00 Thyroid Regulator	_____
_____ **Total Cost of Prescriptions**	_____ **Total Cost to Lydia**

The answers to this worksheet are in the back of this workbook.

In addition to the state programs we have already discussed, New York State has a program called **Child Health Plus** for children who have little or no family health coverage. It goes through certain insurance companies and HMOs at little or no cost to families at certain income levels. It covers check-ups, shots, office visits for sickness or injury, lab work, x-rays, surgery, outpatient treatment for alcoholism and substance abuse, and emergency medical services. Inpatient hospital services are not covered. For more information on Child Health Plus, see **Appendix A** for the toll-free number.

Please stop the tape at the beep and complete ***Worksheet #4*** *on the next page using what you just learned about government programs.*

* * *

WORKSHEET #4

Scenario #1. *James is infected with HIV and can't work. He used up all his sick leave and isn't on the payroll anymore, so he lost his health insurance. What can he do to get health insurance?*

Scenario #2. *Bill and Sally work full-time at fast food restaurants which don't offer health insurance. They have two kids in elementary school. They are worried about health insurance for themselves and their children. What can they do?*

Scenario #3. *Mattie is a senior citizen who gets* ***Medicare*** *but must take many expensive prescription drugs that* ***Medicare*** *won't pay for. Because she lives on a fixed income, Mattie can't pay for her prescriptions. What can she do?*

The answers to this worksheet are in the back of this workbook.

Before you choose health insurance, you should think about a number of things, such as **available options**. How many options you have depends on your job, income level, age, where you live, and, in some cases, how healthy you are. People who belong to a large group may have options that are not available to those who don't belong to a large group. For example, large companies who buy a lot of insurance at once usually have more health care choices, like HMOs and indemnity plans, and pay lower rates. People who aren't covered by group plans may buy indemnity plans directly from insurance companies like Blue Cross/Blue Shield. You can get information on direct payment policies from those insurance companies. Look in the yellow pages under "insurance."

Cost is another item to consider. How much you pay depends on the benefits, extra charges from the insurance company, and how much the insurance company has paid out in claims. The more they pay out, the more they have to charge. Costs can also differ depending on how the insurance company handles fraud, abuse, and unnecessary care. In general, costs for the same benefits will be lower through a group insurance policy than through an individual policy.

Accessibility or getting health care is important to think about. Since HMOs offer health care on the spot or through a health professional network, you should find out where the providers are before deciding on the plan. Most HMOs limit services outside of their area to emergency care, so if you travel often or have children or other dependents living outside the HMO service area, you may want to think about other insurance plans.

Finally, think about what is known as **freedom of choice**. Freedom of choice means being able to choose your own health care providers while your health insurance pays for it. HMOs often allow only their staff or network, while indemnity plans usually let you choose. If you want to stay with a certain health professional, HMOs may not be the best. Some indemnity plans let you pay for services at reduced cost if you go to a participating provider. Since this may save you lots of money, it's important to find out from insurance companies which physicians are participating providers.

Please stop the tape at the beep and complete ***Worksheet #5*** *on the next page, an example of a maternity claim where a participating provider performed services.*

* * *

WORKSHEET #5

NORMAL DELIVERY OF A BABY

To non-participating providers, the insurance company will pay 80% of the bill up to the usual and customary fee of a normal delivery. Participating providers are paid in full.

Non - Participating Provider		Participating Provider
Dr. James Smith		Dr. Lillian Wilson
Fee	$2,200	Fee: $2,150
Usual & Customary Fee	2,150	
80% insurance coverage	x .80	
	$1,720	
The Doctor's fee minus	$2,200	As a participating provider, this doctor
what the insurance covers	- 1,720	is paid in full by the insurance company.
is what the patient pays	$480	

1. If the patient had no insurance, how much would she have to pay to:

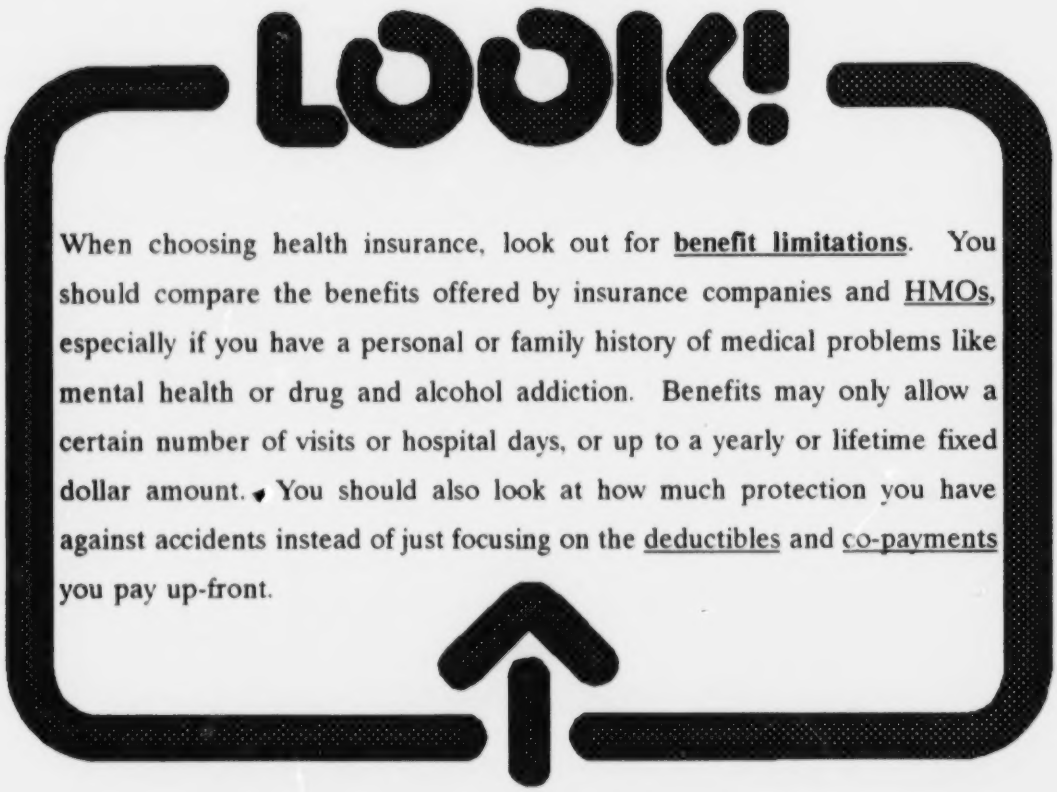
   Dr. Smith?_____ Dr. Wilson?_____

2. If the patient did have health insurance and Dr. Smith delivered her baby, how much would she have to pay? _____

3. If the patient did have health insurance, how much would the patient pay if Dr. Wilson delivered her baby? _____

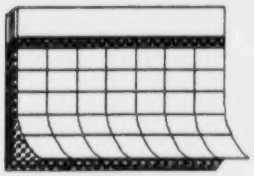
4. Why is it important to check to see if your doctor is a participating provider?

The answers to this worksheet are in the back of this workbook.


LOOK!
When choosing health insurance, look out for benefit limitations. You should compare the benefits offered by insurance companies and HMOs, especially if you have a personal or family history of medical problems like mental health or drug and alcohol addiction. Benefits may only allow a certain number of visits or hospital days, or up to a yearly or lifetime fixed dollar amount. You should also look at how much protection you have against accidents instead of just focusing on the deductibles and co-payments you pay up-front.

Look for any **pre-existing conditions** that may be in the policy. Pre-existing conditions are physical or mental illnesses which people had before they got health insurance. For example, if someone was treated for high blood pressure before getting health insurance, the insurance company may consider that a pre-existing condition and not cover those costs. Some policies have pre-existing condition limits which cut down on how much the insurance company will or won't pay for medical bills. If you have a pre-existing condition, be sure you know the limits before buying insurance.

You should also be aware of **waiting periods**. Group health insurance policies may have a waiting period between the time a person starts his or her job and the date he or she gets health insurance. If you are working or looking for a job, be sure to find out if a waiting period will put off when your health insurance begins.



It is very important to understand **exclusions**. All health insurance policies name services which are excluded, or not covered at all. Exclusions don't seem important until one of your claims is turned down. For example, most insurance policies won't pay for care that isn't medically necessary, meaning not required to keep you alive and healthy. You should understand how the insurance company decides medical necessity: do they decide after the treatment so you may have to pay the whole cost of your claim? Or, do they decide before you have the treatment so you know what you're getting into? Will your coverage pay for experimental procedures like organ transplants? If not, how and when does the company decide something is experimental? Is there a way you can get answers to these questions before getting treatment? By understanding exclusions, you will cut down the chance of having claims turned down and paying the entire bill.

Once you choose health insurance coverage, you have certain rights and responsibilities. One of these responsibilities is to file claims. Insurance policies will tell you how to submit claims including how soon you must file, what forms to use, what receipts to send, and what other information the company needs to process your claim. You must provide whatever information the policy asks for or the claim may be held up or rejected. Be sure you know what your policy asks for.

Please stop the tape at the beep and complete ***Worksheet #6****, a standard claim form, on the next page.*

* * *

WORKSHEET #6

GLOBAL HEALTH NETWORK INSURANCE CLAIM FORM
P.O. Box 1000
Somewhere, NY 15555
Phone (518) 555-WELL
FAX (518) 555-1000

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. Patient's Name	2. Patient's Birth Date		Insured's Name
4. Patient's Address	5. Patient's Sex __ Male __ Female 5B. Patient's Phone Number	5A. Insured's Sex __ Male __ Female 6B. Private Insurance Number	6. Medicare Number 6A. Medicaid Number Group Number

6C. Patient's Employer, Occupation, or School	7. Patient's Relationship to Insured __ Self __ Spouse __ Child __ Other	8. Insured's Employer or Occupation
9. Other Health Insurance Coverage: Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number	10. Was Condition Related To __ Patient's Employment __ Crime Victim __ Auto Accident __ Other Liability	11. Insured's Address
12. I authorize the release of information as provided on the reverse side of this claim form Patient's or Authorized Signature Date		13. I am in agreement with the authorization to pay statement on the reverse side of this claim form Insured's Signature

PHYSICIAN OR SUPPLIER INFORMATION

(Health care provider would normally complete this portion or attach a detailed receipt for services rendered)

BEST COPY AVAILABLE

You have the right to **appeal** claims which were turned down or not paid in full. Policies will tell how to appeal a claim. There is usually a time limit for submitting the appeal. Remember, you have a right to appeal claims, but you must know how.

Besides knowing how to appeal claims, you should know if you must call for approval before going into a hospital or if you need to get a second opinion before having surgery. This is called **managed care**. Managed care programs try to cut down on unnecessary care and to help clients get the best kind of care for the least amount of money. Both indemnity plans and HMOs offer managed care. Under managed care, if you don't make the calls for approval, you may have to pay all or part of the medical bills.

You are also responsible for telling the insurance company, about changes in your **enrollment status**. This includes age limits of your dependent children, job changes, or other things which could affect whether you or anyone in your family can keep your health insurance. For example, once a child is over age 19 she or he is no longer a dependent. However, many health insurance policies will cover dependents over age 19 who are full-time college students. If the student quits college, you must let the insurance company know.

Check with your insurance company or benefits manager if you have questions about **option changes**. If your employer offers several health insurance options, you may have the right to change health insurance once a year or even more often in some areas. Ask about when and how often you may change options.

What happens to your options if you lose your job? Under the Federal Consolidated Omnibus Budget Reconciliation Act, or COBRA, you are still entitled to your health insurance. Employers who offer health insurance to employees must let them keep their coverage for a short time if they are losing it for certain reasons. Depending on the insurance company's rules, employees and their families may have to pay 102% of the cost of the insurance.

How long you may buy insurance under COBRA depends on your situation. For example, if you are fired for something other than gross misconduct, you may buy coverage for up to 18 months. If an employee dies, has his or her hours reduced, becomes divorced or separated, or loses coverage due to Medicare, his or her spouse may buy coverage for up to 36 months. Dependent children may also buy insurance for up to 36 months under these same conditions.

If you are losing your health insurance coverage, contact your employer for information on COBRA. Also, New York State law may allow health insurance to continue in special cases where COBRA does not work.

From private to government insurance plans, indemnities to HMOs, and deductibles to co-payments, the health insurance system can be very confusing. It will take some time and asking questions, but you can make a good choice about what health insurance is best for you and your family.

Congratulations on finishing this workbook.. We hope that this information has been helpful in making you more confident about health insurance and knowing about government programs that can help you. If you would like to learn more, see **Appendix A** of this workbook or ask your teacher for more information on health insurance.

HANDOUT A

Resources

AIDS

New York State AIDS Health Insurance Program
Contact your local department of social services for more information.

AIDS Prescription Drug Assistance Program
New York State Department of Health
AIDS Institute
P.O. Box 2052 Empire Station
Albany, NY 12220-0052
(800) 542-2437

Child Health Insurance

New York State Child Health Plus Program
Healthy Baby Hotline
(800) 522-5006

Health Maintenance Organizations (HMOs)

New York State Health Maintenance Organization Conference
1201 Troy-Schenectady Road
Latham, NY 12110
(518) 783-6866

Prescription Drugs

Elderly Pharmaceutical Insurance Coverage Program (EPIC)
P.O. Box 15018
Albany, NY 12214-5527
(800) 332-3742

Insurance Complaints and Questions

New York State Insurance Department Consumer Services Bureau
Agency Building One
Empire State Plaza
Albany, NY 12257
(800) 342-3736

Medicaid
Contact your local department of social services for more information.

Medicare
Social Security Administration
(800) 772-1213

Health Insurance Companies

Quotesmith
(800)556-9393
For a small fee, this service will compile a list of 25-50 health insurance policies that match your specifications.

For information on other private health insurance coverage, look under "Insurance" in the Yellow pages of your telephone directory. You will find the telephone numbers for commercial insurance companies or not-for-profit companies.

HANDOUT B

The next four pages are a

Directory of New York State HMOs

as compiled by the

New York State Health Maintenance Organization Conference and Council

1202 Troy-Schenectady Road
Latham, NY 12110
(518) 783 - 6866

January 1993

HMOS OF NEW YORK STATE

Aetna Health Plans of New York

(Formerly HealthWays)
Aetna Life and Casualty, Inc.
2700 Westchester Ave., Purchase, NY 10577 914/251-0600

AREA Five boroughs of New York City, Long Island, Rockland and Westchester counties and New Jersey.

CONTACTS Angelo V. D'Ascoli, Executive Director
Franklin L. Broegol, M.D., Medical Director
Lucinda Annino, Manager

NY Enrollment 15,000 **Operations Began** 1987 **HMO Model** IPA

Blue Choice

Blue Cross and Blue Shield of the Rochester Area
150 E. Main St., Gateway Centre, Rochester, NY 14647 716/454-1700

AREA Livingston, Monroe, Ontario, Seneca, Wayne and Yates counties.

CONTACTS Peter Wood, Vice President
Joseph Stankaitis, M.D., Medical Director
Denise Opdyke, Director, Corporate Sales

NY Enrollment 375,000 **Operations Began** 1985 **HMO Model** IPA

BlueCare Plus

12 Rhoads Drive, Utica, NY 13502-6398 800/722-7884, 315/797-4200

AREA Chenango, Delaware, Fulton, Herkimer, Madison, Montgomery, Oneida, Oswego and Otsego counties.

CONTACTS Henry F. Becker, Vice President ADS
Fel Davies, M.D., Medical Director
Peter Falzarine, CHC, Marketing Director

NY Enrollment 9,000 **Operations Began** 1986 **HMO Model** IPA

CHP—Community Health Plan

Capital Area Region
1201 Troy-Schenectady Rd., Latham, NY 12110 518/783-1884
Albany, Clinton, Columbia, Fulton, Greene, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren and Washington counties in New York, southern Vermont and western Massachusetts. Sixteen centers serve the area.

Hudson Valley Region
160 Union St., Poughkeepsie, NY 12601 914/471-2368
(Formerly, HealthShield Region) Dutchess, Putnam, Ulster and parts of Orange counties. Ten centers serve the area.

Bassett Region
One Atwell Rd., Cooperstown, NY 13326 607/547-9244
Chenango, Delaware, Herkimer, Madison, Otsego and Schoharie counties. Sixteen centers serve the area.

CONTACTS John Beaches, President
Bruce Nash, M.D., Medical Director
Carole Montespare, Marketing Manager–Capital Area Region
Joseph Lia, Marketing Manager–Hudson Valley Region
Audrey France, Associate Marketing Manager–Bassett Region

NY Enrollment 147,000 **Operations Began** 1977 **HMO Model** Staff/Network
Federally Qualified

CIGNA Healthplan of New York

(Formerly, Total Health HMO)
Sales and Marketing Office, 195 Broadway, 12th Floor
New York, NY 10007 212/618-5500

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and other states including Connecticut, New Jersey, and Pennsylvania.

CONTACTS Chan Wheeler, SVP, Regional Managed Care
Jonathan Kaplan, M.D., Medical Director & General Manager
William J. Corbo, Manager Sales and Marketing

NY Enrollment 48,800 **Operations Began** 1988 **HMO Model** IPA Federally Qualified

Capital District Physicians' Health Plan

One Columbia Circle, Albany, NY 12203 518/452-1941

AREA Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties.

CONTACTS Diane E. Bergman, Executive Director
Barry Schwartz, M.D., Medical Director
Peggy Smyth-Bonneau, Acting Director, Marketing

NY Enrollment 128,000 **Operations Began** 1984 **HMO Model** IPA

ChoiceCare Long Island

Corporate Center, 395 No. Service Rd., Melville, NY 11747-3127 516/694-4000

AREA Nassau, Queens and Suffolk counties.

CONTACTS David S. Reynolds, Ph.D., President
Steven Christianson, D.O., Medical Director
Thomas D. Delaney, Sr. Director of Marketing
Lloyd S. Straus, CFO
Sharon Smith-Daly, R.N., Sr. Director for Health Services
Russell J. Koutrouby, Sr. Director for Corporate Planning

NY Enrollment 39,000 **Operations Began** 1986 **HMO Model** IPA

Community Blue

The HMO of Blue Cross of Western New York, Inc.
1901 Main St., Buffalo, NY 14208 716/887-6900

AREA Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

CONTACTS Mary Lee Campbell-Wisley, Vice President, ADS
Charles W. Prust, M.D., Medical Director
Lisbeth L. Walls, Vice President, Marketing

NY Enrollment 139,000 **Operations Began** 1985 **HMO Model** IPA

Elderplan

6323 Seventh Ave., Brooklyn, NY 11220 718/921-7990

AREA Southwestern Kings county. Three medical center satellites. Note: Enrollment limited to Medicare beneficiaries age 65 and over.

CONTACTS Kathleen Borgard, Chief Operating Officer
Raymond Cecora, M.D., Medical Director
Terrie Raphael, Director of Enrollment and Community Relations

NY Enrollment 5,800 **Operations Began** 1985 **HMO Model** Network

FHP—Foundation Health Plan

HMO-CNY, Inc., Regional Office
2 Court St., Binghamton, NY 13901 607/723-4133

AREA Broome, Tioga, parts of Cortland, Chenango and Delaware counties in New York; and parts of Bradford and Susquehanna counties in Pennsylvania.

CONTACTS Joseph Buttiglieri, CEO
Edward M. Cox, M.D., Medical Director
Patrick McGuigan, Director of Marketing

NY Enrollment 18,600 **Operations Began** 1984 **HMO Model** IPA

HCP—Health Care Plan

900 Guaranty Building, Buffalo, NY 14202 716/847-1480

AREA Nine facilities serving Cattaraugus, Erie and Wyoming counties; and a network of select physicians serving Niagara county.

CONTACTS Arthur R. Goshin, M.D., President
Edward J. Marino, M.D., Medical Director
Stanley J. Duda, Director of Marketing

NY Enrollment 65,000 **Operations Began** 1978 **HMO Model** Staff Federally Qualified

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HIP–Health Insurance Plan of Greater New York

7 West 34th St., New York, NY 10001 212/630-5000

AREA Five boroughs of New York City, Nassau, Suffolk and Westchester counties, New Jersey and southeastern Florida. More than 60 centers serve this area, including six mental health centers.

CONTACTS Stephen I. Lewis, First Senior Vice President
Jesse Jampol, M.D., Medical Director
John J. Klitsch, Vice President, Marketing

NY Enrollment 929,000 **Operations Began** Prepaid group practice-1947 HMO-1978 **HMO Model** Group

HealthNet

Empire Blue Cross and Blue Shield
622 Third Ave., New York, NY 10017 212/856-1915, 800/453-0113

AREA Albany, Bronx, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Kings, Montgomery, Nassau, New York, Orange, Putnam, Queens, Rensselaer, Richmond, Rockland, Saratoga, Schenectady, Schoharie, Suffolk, Sullivan, Ulster, Warren, Washington and Westchester counties.

CONTACTS Victor Botnik, VP, Managed Care Programs
Arthur DeSimone, M.D., Medical Director
Steve Bory, Administrator

NY Enrollment 110,000 **Operations Began** 1973 **HMO Model** Group/IPA

IPHP–Independent Prepaid Health Plan

HMO—CNY, Inc. 315/428-6820
344 So. Warren St., PO Box 4712
Syracuse, NY 13221

AREA Onondaga, Oswego, parts of Cayuga and Cortland and western Madison counties.

CONTACTS Joseph Buttiglieri, CEO
Henry Bartos, M.D., Medical Director
Patrick McGuigan, Director of Marketing

NY Enrollment 20,000 **Operations Began** 1986 **HMO Model** IPA

Independent Health

Western New York
511 Farber Lakes Drive, Buffalo, NY 14221 716/631-5392
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming counties.

Hudson Valley
220 White Plains Rd., Tarrytown, NY 10591 914/631-0939, 800/654-5494
Dutchess, Orange Putnam, Rockland, Ulster and Westchester counties.

CONTACTS William McHugh, Executive Vice President–Western NY
Robert Kohn, M.D., Medical Director–Western NY
Jack Hoerner, Director, Marketing–Western NY
William Yurkowski, Executive Director–Hudson Valley
Herbert Sperling, M.D., Medical Director–Hudson Valley
Peter Osinski, Director, Marketing–Hudson Valley

NY Enrollment 257,000 **Operations Began** 1980 **HMO Model** IPA Federally Qualified

Kaiser Foundation Health Plan of New York

210 Westchester Ave., White Plains, NY 10604 914/682-6500

AREA Westchester county and southern Connecticut. Four centers service the area.

CONTACTS Michael Dudley, Vice President & Regional Manager
Barney Newman, M.D., Medical Director
William Kramer, Health Plan Manager
Karen King, Acting Marketing Manager
Debra Jenkins, Government Relations Director

NY Enrollment 39,000 **Operations Began** 1976 **HMO Model** Group Federally Qualified

MHP–Mid-Hudson Health Plan

Park West Hurley Avenue, PO Box 3786 800/443-4711
Kingston, NY 12401 914/338-0202, Fax 914/338-5912

AREA Columbia, Delaware, northern Dutchess, Greene and Ulster counties.

CONTACTS Edward Ullmann, Executive Director
Neil Lieblich, M.D., Medical Director
Peter Kraft, Regional Marketing Director

NY Enrollment 22,000 **Operations Began** 1984 **HMO Model** Network

MVP Health Plan

111 Liberty St., Schenectady, NY 12305 518/370-4793

MVP East Fulton, Hamilton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington counties.

MVP North Clinton, Essex, Franklin and St. Lawrence counties.

MVP South Central
Broome, Chenango, Delaware, Otsego and Tioga counties.

MVP Central
4947 Commercial Drive, Yorkville, NY 13495 315/736-1625
Herkimer, Madison and Oneida counties.

MVP Mid-Hudson
385 South Rd., Beechwood Office Park, Poughkeepsie, NY 12601 914/473-1762
Dutchess and Ulster counties.

CONTACTS David W. Olliker, President and CEO
Franklyn C. Hayford, M.D., Medical Director –East
John Vasile, M.D., Medical Director–North
Harry Love, M.D., Medical Director–Central
Janendhara Mahadeva, M.D., Medical Director–South Central
Eleanor Kane, M.D., Medical Director–Mid-Hudson
Mary Bianchi, Associate Marketing Director

NY Enrollment 169,000 **Operations Began** 1983 **HMO Model** IPA

Managed Health

410 Lakeville Rd., New Hyde Park, NY 11042 516/352-2999

AREA Nassau, Queens and Suffolk counties.

CONTACTS Jack Resnick, M.D., President
Daniel Reinhartn, M.D., Medical Director
Richard Densing, Director of Marketing

NY Enrollment 3,600 **Operations Began** 1990 **HMO Model** Group

MetLife Network

MetLife HealthCare Network of NY, Inc.
2929 Express Drive North
Hauppauge, NY 11787 516/348-4200

AREA Five boroughs of New York and Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

CONTACTS Michael C. Jaeger, President & CEO
James Lione, M.D., Medical Director
Robert D. McCord, Regional Director

NY Enrollment 90,000 **Operations Began** 1987 **HMO Model** IPA

NorthCare

(Exclusive affiliate of Empire Blue Cross and Blue Shield HealthNet)
2 Broad Street Plaza
Glens Falls, NY 12801 212/856-1915; Marketing: 518/798-3555

AREA Essex, Saratoga (excluding Halfmoon, Waterford and Clifton Park), Warren and Washington counties.

CONTACTS Victor Botnik, VP, Managed Care Programs
Steve Bory, Administrator

NY Enrollment 18,000 **Operations Began** 1986 **HMO Model** IPA

Oxford Health Plans

521 Fifth Ave., 15th Floor, New York, NY 10175 212/599-2266, 800/444-6222

AREA Five boroughs of New York City, Nassau, Rockland , Suffolk, and Westchester counties, most of New Jersey and parts of Connecticut.

CONTACTS Stephen F. Wiggins, President
Thomas Travers, D.D.S., Medical Director
William Sullivan, Vice President of Sales

NY Enrollment 134,000 **Operations Began** 1986 **HMO Model** IPA

PHP–Prepaid Health Plan

Health Services Medical Corporation 315/638-2133
8278 Willet Parkway, Baldwinsville, NY 13027

AREA Onondaga, Cortland, parts of Cayuga, western Madison and most of Oswego counties. Seven centers serve the area.

CONTACTS Frederick F. Yanni, Jr., President
Jeffrey Sneider, M.D., Medical Director
James N. Jerose, Sr. Vice President, Marketing

NY Enrollment 44,000 **Operations Began** 1977 **HMO Model** Group Federally Qualified

PHP–Slocum Dickson Medical Network

Health Services Medical Corporation
217 Seneca Turnpike, New Hartford, NY 13413 315/797-7019

AREA Herkimer, eastern Madison and Oneida counties.

CONTACTS Frederick F. Yanni, Jr., President
Sidney Blatt, M.D., Medical Director
Lynn M. Humphrey, Plan Manager

NY Enrollment 7,000 **Operations Began** 1987 **HMO Model** Group/Network

PHS–Physicians Health Services of New York

Crosswest Office Center, Suite 212, 399 Knollwood Rd., White Plains, NY 10603 914/682-9192

AREA Putnam and Westchester counties.

CONTACTS Philip J. Passantino, President
Albert Sheehy, M.D., Medical Director
Barbara Vernon, Sales Manager, PHS/NY

NY Enrollment 16,300 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Patients' Choice

Corporate Center, 90 Presidential Plaza, Syracuse, NY 13202 315/478-0874
800/999-0874

AREA Cayuga, Cortland, Madison, Onondaga and Oswego counties.

CONTACTS Ronald H. Harms, CEO
Richard Eberle, M.D., Medical Director
Walter Munsen, Director of Marketing

NY Enrollment 22,000 **Operations Began** 1986 **HMO Model** IPA

Preferred Care

259 Monroe Ave., Rochester, NY 14607 716/325-3920

AREA Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates counties.

CONTACTS John Urban, President
John C. Johns, M.D., Vice President , Medical Director
Diane U. Soehner, Vice President, Marketing

NY Enrollment 158,000 **Operations Began** 1979 **HMO Model** IPA Federally Qualified

PruCare of New York

Prudential Health Care Plan of New York, Inc.
(The office center at Montebello)
400 Rella Blvd., Suite 200, Suffern, NY 10901 914/368-4497

AREA Five boroughs of New York City, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, Ulster and Westchester counties.

CONTACTS Ray Allen, Vice President
Judith Taylor, M.D., Medical Director
Joan Holappa, Unit Leader

NY Enrollment 63,000 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Sanus Health Plan

75-20 Astoria Blvd., Jackson Heights, NY 11370 718/899-5200, 800/338-3390

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties and six counties in New Jersey.

CONTACTS William Madden, Deputy Executive Director
Scott Cooper, M.D., Medical Director
Harriet Dronska, Vice President Marketing & Sales

NY Enrollment 60,000 **Operations Began** 1987 **HMO Model** IPA Federally Qualified

Travelers Health Network of New York

Metropolitan Division
701 Westchester Ave., Suite 310 E., White Plains, NY 10604 914/781-9102
Five boroughs of New York City, Nassau, Rockland, Suffolk and Westchester counties and New Jersey.

Syracuse Division
5015 Campus Wood Drive, East Syracuse, NY 13057 315/433-5700
Onondaga and parts of Cayuga, Madison and Oswego counties.

CONTACTS Kathryn Norton, Executive Director, Metro/Syr
Robert Ettinger, Director of Operations-Metro
Richard Hogarth, District Manager-Metro
William Nauen, M.D., Medical Director–Syr
Terence Engels, Sales Manager–Syr

NY Enrollment 35,000 **Operations Began** 1986 **HMO Model** IPA Federally Qualified

U.S. Healthcare

Nassau Omni West 516/794-2389
33 Earle Ovington Blvd., Ste. 502 800/323-9930
Uniondale, NY 11553

AREA Five boroughs of New York City, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester counties in New York; Fairfield, Hartford, Litchfield and New Haven counties in Connecticut.

CONTACTS Tim Nolan, General Manager
Marilyn Margon, District Manager
Alan Bernstein, M.D., Medical Director
Jose L. Cabrera, Vice President, Marketing

NY Enrollment 312,000 **Operations Began** 1986 **HMO Model** IPA Federally Qualified

WellCare of New York

130 Meadow Ave., Newburgh, NY 12550 914/566-0700
800/288-5441, Fax 914/566-9046
4 Palisades Dr., Albany, NY 12205 518/446-0200
800/273-1332, Fax 518/446-0388

AREA Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren and Washington counties.

CONTACTS Robert Goff, Executive Director
Franklin Gunerstne, M.D., Medical Director
Peter Kraft, Regional Marketing Director

NY Enrollment 36,000 **Operations Began** 1987 **HMO Model** IPA

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NYS HMOs Serve the Following Areas

Binghamton Area
FHP—Foundation Health Plan

Buffalo Area
Community Blue
HCP—Health Care Plan
Independent Health

Cooperstown Area
BlueCare Plus
CHP—Community Health Plan
MVP Health Plan

Greater New York/ Long Island Area
AEtna Health Plans of New York
CIGNA Healthplan of New York
ChoiceCare Long Island
Elderplan
HIP—Health Insurance Plan of Greater New York
HealthNet

Greater New York/ Long Island Area (continued)
Managed Health
MetLife Network
Oxford Health Plans
PruCare of New York
Sanus Health Plan
Travelers Health Network of New York
U.S. HealthCare

Lower/Mid-Hudson Valley Area
CHP—Community Health Plan
Independent Health
Kaiser Foundation Health Plan of New York
MHP—Mid-Hudson Health Plan
MVP Health Plan
MetLife Network
PHS—Physicians Health Services of New York
PruCare of New York
Sanus Health Plan
WellCare of New York

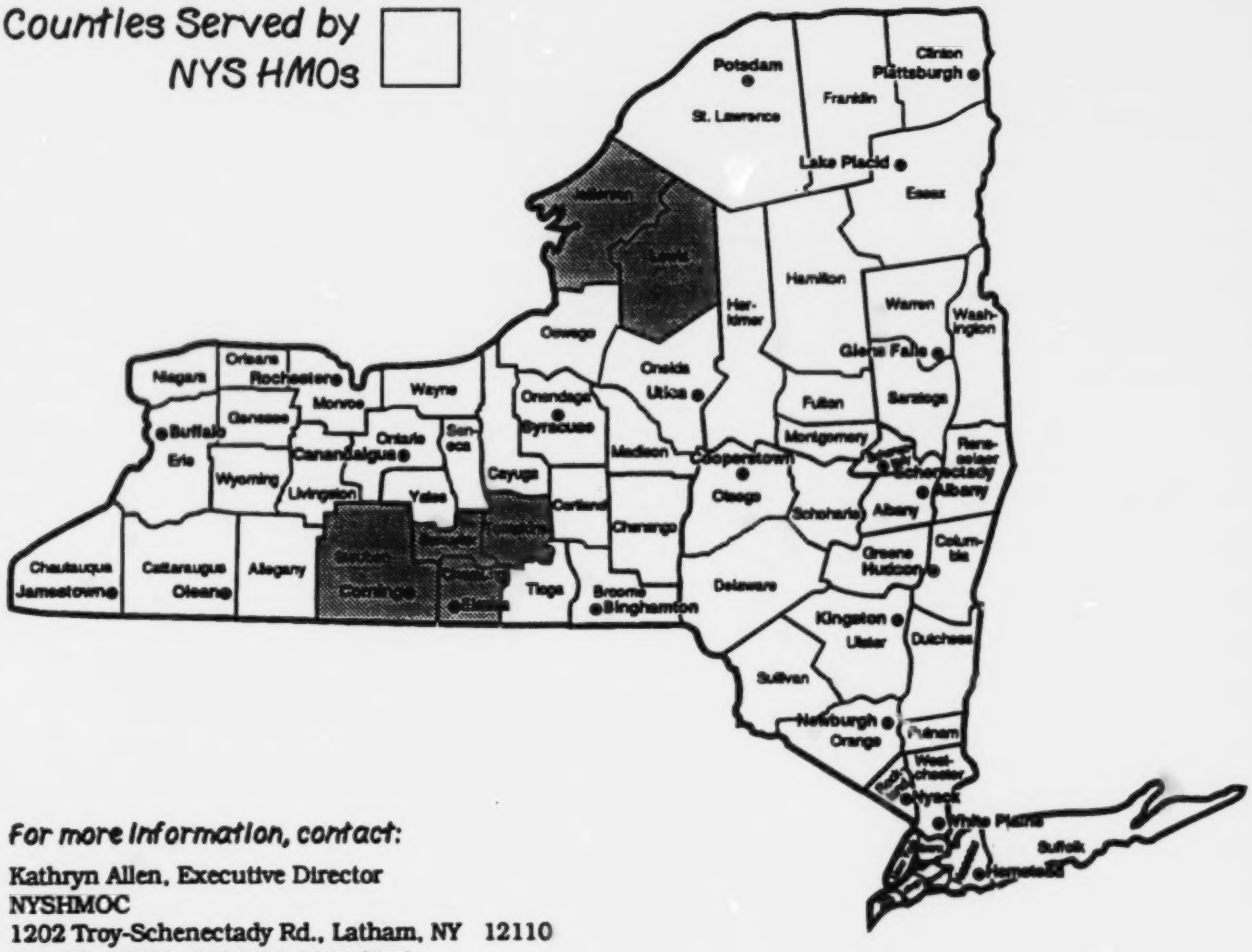
North Country Area
CHP—Community Health Plan
MVP Health Plan
NorthCare
WellCare of New York

Rochester Area
Blue Choice
Preferred Care

Syracuse Area
IPHP—Independent Prepaid Health Plan
Patients' Choice
PHP—Prepaid Health Plan
Travelers Health Network of New York

Upper Hudson Valley Area
BlueCare Plus
Capital District Physicians' Health Plan
CHP—Community Health Plan
HealthNet
MVP Health Plan
WellCare of New York

Counties Served by NYS HMOs



For more information, contact:

Kathryn Allen, Executive Director
NYSHMOC
1202 Troy-Schenectady Rd., Latham, NY 12110
518/783-6866, 518/783-0234 (Fax)

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GLOSSARY

anesthesia	not able to feel pain because of certain drugs
appeal	to take a question to a higher power for rehearing and a new decision
basic benefits	health insurance benefits which may cover hospital or medical benefits up to certain time and dollar limits
benefit limitations	maximum number of visits, hospital days, or yearly or lifetime fixed dollar amount allowed by an insurance policy
claim form	document which is filed with an insurance company so that the patient may be reimbursed for medical expenses
COBRA	(also known as the Consolidated Omnibus Budget Reconciliation Act) Federal law which says employers must offer employees and their dependents who are losing their insurance the option of buying continued insurance
comprehensive plan	major medical benefits added to basic benefits in an insurance policy
co-payment	(also called co-insurance) often found in major medical insurance, the insured person and the insurer share the expenses, for example: 80% is paid by the insurance company and 20% is paid by the insured
deductible	the amount which must be paid by the insured before the insurance company will pay
dental coverage	insurance which usually pays for some tooth repair, teeth cleanings, and checkups

dependent	one who depends on another for support
enrollment status	includes age limits of dependent children, job changes, or other things which could affect keeping health insurance
exclusions	specific conditions or circumstances listed in the insurance policy that the insurance company won't pay for
freedom of choice	the ability of the insured to choose medical care, knowing that the services will be covered under the insured's health insurance policy
HMO	(also known as a Health Maintenance Organization) an organization which provides a wide range of comprehensive health care services for a group that has prepaid
indemnity plan	a health benefit plan which pays the insured back for the cost of covered services up to a specific limit
long-term care	insurance which provides benefits during a long period of getting better, and may cover services ranging from nursing home to home health care. Unless asked for, it is not usually part of most health insurance policies.
major medical	insurance which adds to basic benefits by providing more protection against the cost of serious illnesses or injuries which may go past the basic benefit limits
managed care	health care plans that have a network of health care providers where charges are negotiated and using health care by the insured has to meet standards and review
option changes	if an employer offers several health insurance plans, an employee may have the right to change health insurance once a year or even more often

participating provider	a health care professional who has agreed with an insurance company to accept certain set fees for services
"plastic card"	prescription drug program in which the insured pays a set price to the drugstore when a prescription is filled and the insurance company pays the drugstore for the rest
pre-existing conditions	physical or mental conditions of an insured person which were there before a health insurance policy began
prescription drug coverage	major medical insurance which pays for drugs your doctor prescribes
vision coverage	may pay for check-ups by an eye doctor or part of the cost of prescription eyeglasses or contact lenses every few years
waiting period	a period of time between when a person starts working and when his or her insurance will start

WORKSHEET #1 - ANSWERS

Maria had a baby last month. Her health professional's bills plus her hospital bills = $4000. Her deductible is $200. Maria's insurance company pays 80% of her bills after she pays the deductible, then she pays the last 20% of the bills. Use a calculator to figure out how much Maria owes.

Total Bill: **$4000.00**
Deductible: **200.00** *(paid by Maria)*
New Balance: **$3800.00**

INSURANCE COMPANY		MARIA
3800.00 *(New Balance)*		**3800.00** *(New Balance)*
x .80		x .20
$3040.00	total paid by the insurance company	$ **760.00** co-payment + **200.00** *deductible* $ **960.00** paid by Maria

WORKSHEET #2 - ANSWERS

1. Under the IPA Model, patients receive care at **the health professional's office**.

2. Neither the **staff model** nor the **group** model will see people who don't belong to the HMO.

3. The **IPA** model gives you the most chance of choosing the health professional you want.

4. How is the staff model different from the group model? **Under the staff model, patients get treatment at the HMO from one of the staff members of the HMO. Under the group model, patients get treatment at the health professional's office, and they choose the health professional from groups of participating providers.**

WORKSHEET #3 - ANSWERS

PRESCRIPTION COST	CO-PAYMENT
0.00 - $8.00	$3.00
$8.01 - $13.00	$5.00
$13.01 - $23.00	$7.00
$23.01 - $33.00	$10.00
$33.00 and over	$23.00

PRESCRIPTION COST	LYDIA'S COST
$30.00 Blood Pressure Medicine	**$10.00**
$100.00 Heart Medication	**$23.00**
$130.00 Total Cost of Prescriptions	**$33.00 Total Cost to Lydia**
$10.00 Arthritis Pain Reliever	**$5.00**
$15.00 Antibiotic for infection	**$7.00**
$50.00 Thyroid Regulator	**$23.00**
$75.00 Total Cost of Prescriptions	**$35.00 Total Cost to Lydia**

WORKSHEET #4 - ANSWERS

Scenario #1. *James is infected with HIV and can't work. He used up all his sick leave and isn't on the payroll anymore, so he lost his health insurance. What can he do to get health insurance?*

Under COBRA, John has the right to continue his coverage under his employer's health plan for up to 18 months. He should contact his employer to find out more about COBRA. John should also apply for New York State's AIDS Health Insurance program by calling the Department of Social Services. The third thing John can do is call the Department of Health to find out about the AIDS Drug Assistance Program.

Scenario #2. *Bill and Sally work full-time at fast food restaurants which don't offer health insurance. They have two kids in elementary school. They are worried about health insurance for themselves and their children. What can they do?*

Bill and Sally should call private insurance companies to find out about insurance plans for their family. They can find the numbers in the yellow pages under "Insurance". They should also call the 800 number to find out about the New York State Child Health Plus Program for their children.

℞ **Scenario #3.** *Mattie is a senior citizen who gets* ***Medicare*** *but must take many expensive prescription drugs that* ***Medicare*** *won't pay for. Because she lives on a fixed income, Mattie can't pay for her prescriptions. What can she do?*

Mattie should look into the EPIC program by calling the 800 number.

WORKSHEET #5 - ANSWERS

Non - Participating Provider		Participating Provider
Dr. James Smith		Dr. Lillian Wilson
Fee	$2,200	Fee: $2,150
Usual & Customary Fee	2,150	
80% insurance coverage	x .80	
	$1,720	
The Doctor's fee minus	$2,200	As a participating provider, this doctor
what the insurance covers	- 1,720	is paid in full by the insurance company.
is what the patient pays	$480	

1. If the patient had no insurance, how much would she have to pay to:

   Dr. Smith? **$2,200** Dr. Wilson? **$2,150**

2. If the patient did have health insurance and Dr. Smith delivered her baby, how much would she have to pay? **$480**

3. If the patient did have health insurance, how much would she pay if Dr. Wilson delivered her baby? **$0**

4. Why is it important to check to see if your doctor is a participating provider?

   It could save you money if the doctor is a participating provider.